

## Consent – Contraindications for Ionic Foot Bath & Infrared Sauna

While these detoxification services are considered very safe and effective for most, there are some contraindications that you should be aware of. In many cases, these therapies may still provide benefit and it is up to your licensed physician to prescribe the most appropriate treatment. For this reason, along with your consent, *we may require a prescription or signed referral from a licensed physician for anyone having a contraindication listed **proceed with caution column**. **Restricted column services will not be provided.***

	<b><u>RESTRICTED</u></b> <b><u>(Cannot do service)</u></b>	<b><u>PROCEED WITH CAUTION</u></b> <b><u>(May require doctor prescription)</u></b>
<b>Ionic Foot Bath</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Surgical implants/pacemakers</li> <li><input type="checkbox"/> Heartbeat regulating medication</li> <li><input type="checkbox"/> Pregnant or breast-feeding women</li> <li><input type="checkbox"/> Organ transplant recipients</li> <li><input type="checkbox"/> On Blood thinner medication</li> <li><input type="checkbox"/> Medications, the absence of which would mentally or physically incapacitate</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Medication requires steady level to be maintained for effectiveness. Schedule session prior to taking medication</li> <li><input type="checkbox"/> Congestive heart failure</li> <li><input type="checkbox"/> Take Insulin</li> <li><input type="checkbox"/> Diabetes</li> <li><input type="checkbox"/> Metal joint implant</li>   <li><input type="checkbox"/> <b>NONE APPLY – No prescription needed</b></li> </ul>
<b>Infrared Sauna</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Have recently taken drugs or alcohol (within 24 hrs.)</li> <li><input type="checkbox"/> Hemophiliacs or prone to bleeding</li> <li><input type="checkbox"/> Insensitive to heat</li> <li><input type="checkbox"/> Pregnant</li> <li><input type="checkbox"/> Joint Injury within the last 48 hrs</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Diuretics, barbiturates, beta-blockers, anticholinergics, and antihistamines</li> <li><input type="checkbox"/> Cardiovascular conditions</li> <li><input type="checkbox"/> Child/Elderly ( 15 min at lower setting)</li> <li><input type="checkbox"/> Chronic Condition that impair sweating</li> <li><input type="checkbox"/> Have Metal Implants</li> <li><input type="checkbox"/> Pacemaker or defibrillator</li>   <li><input type="checkbox"/> <b>NONE APPLY – No prescription needed</b></li> </ul>

1. I have read the list of contraindications for detoxification therapies and verify that my answers are true.
2. I understand that I may need a prescription from a physician.
3. If I experience any new health problems or a worsening of existing health problems, I will contact my physician immediately.
4. I understand that it is my responsibility to inform the practitioners at Nourishing Journey of any changes in my health that may be related to the listed contraindications.

My signature below signifies that I have read and understand what is written above.

Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client/Guardian (printed): \_\_\_\_\_

Client Name if Minor: \_\_\_\_\_